



## **CALIFORNIA PERFORMANCE REVIEW RECOMMENDATIONS**

### **Health and Human Services Agency Stakeholder Survey**

The California State Rural Health Association (CSRHA) appreciates the vision of the California Secretary of Health and Human Services Agency (CHHSA) for implementing a process for evaluating California's government structure to improve its performance and accountability. We share the goals behind the process, which include the stakeholder survey designed to respond to the recent California Performance Review (CPR) recommendations. CSRHA would also formally request to be included in future efforts to redesign health programs that impact rural areas through this ongoing process.

CSRHA is pleased to provide initial input to the CPR process, recommendations and survey request, which is listed below.

**1.) CSRHA opposes the elimination of the Rural Health Policy Council (RHPC). We formally request the opportunity to meet with the CHHSA Secretary to share its recommendations for redesigning the RHPC to enhance its role on behalf of rural health in California.**

- The Rural Health Policy Council (RHPC), unlike other boards and commissions, does not consist of appointed officials. It consists of those department directors that make up the California Health and Human Services Agency that impact rural health. For this reason, eliminating the RHPC does not accomplish the same objective as eliminating appointees and commissions.
- The RHPC is a well-designed model and structure that should be enhanced, not eliminated. By design, the RHPC includes all of the department directors who oversee programs that impact and serve rural California. The problem that needs to be solved is to empower the RHPC so it can play a greater leadership role in rural health representing California's interests at the federal and local levels.
- In addition, the RHPC needs to be enhanced by giving it the authority and directive to seek federal and private sector funding opportunities for rural health similar to other rural states. Rural states across the nation are well represented in federal forums and aggressively seek federal funding opportunities on behalf of their constituents. Currently, the RHPC's impressive new mapping technology is well positioned to provide the data needed to make the case that rural California deserves its fair share of federal resources. It also provides the state the ability to communicate the geography and demographic uniqueness of California, which has historically been a problem.
- The RHPC was created during the Wilson Administration with strong support from constituents because rural health did not have a voice in government and its problems were largely being ignored. The RHPC provides a voice by assembling key decision makers in state government to listen to providers, consumers and local government input on particular health programs and issues. Without the RHPC, there is no appropriate and direct mechanism or vehicle to accomplish this ongoing dialogue and problem solving.
- Most recently, the RHPC and its close partnership with the Office of Statewide Health Planning and Development (OSHPD) has provided both the expertise and resources needed to fight the imposition of a definition of rural health that would not fit California and result in communities throughout rural California losing federal rural designations and funding. Without the system of defining rural through Medical Service Study Areas, California would become victim to the one-size fits all federal policy definitions that would disadvantage California even more. The collaboration and infrastructure developed through the convening role of the RHPC monitors, maps and gathers statistics on rural California. If it is eliminated, rural California could lose much of its federal funding that it currently receives.

**2.) CSRHA believes the CPR does not address the unique health policy issues beleaguering rural California in a strategic manner.**

Rural California has unique needs that include overcoming the geographic isolation of its many communities along with its generally sicker, poorer and older demographics. In addition, the rural health market place continues to pose problems for ensuring access to health care and insurance coverage. Many areas no longer have managed care health plans or Health Maintenance Organizations (HMOs) because they have pulled out of rural areas. These same communities suffer from a chronic shortage of health care providers and specialists leaving patients paying an increasingly higher cost for care. Rural residents lack clinics and hospital readily accessible. And, many rural hospitals are struggling financially to survive. These factors contribute to rural communities lacking access to basic, comprehensive primary care health services.

The CPR does not address these rural health issues in a strategic manner or provide a vehicle for developing goals and strategies to improve the health of rural communities. In fact, CPR proposes to eliminate the RHPC, which is the only entity within state government with the capacity to convene and conduct strategic planning for rural health in California. Without the ability to plan for the future, rural providers and consumers will continue to be disadvantaged from meaningful planning and access to health policy decisions in California.

**3.) CSRHA believes it is too premature to comment on any of the other healthcare proposals in the CPR due to lack of sufficient detail.**

There are many other health care proposals that impact rural health within the CPR recommendations; however, these proposals lack sufficient detail to adequately evaluate them. Many of the proposals are too general in nature and lack the detail of how exactly they would be implemented to formally comment. Without more detail, a related concern is that CPR would eliminate important statutory standards that exist today. As a result, the merits of each of the proposals depend on how they would be implemented. For this reason, CSRHA feels that it is too premature to comment on any of the other health care proposals in the CPR.

**4.) CSRHA believes the short time line given for input to the CPR is of great concern to rural communities.**

The timeframe for input on the CPR does not lend itself to a meaningful policy dialog. In addition, the vagueness of the process casts some doubt as to whether rural communities will have further opportunity for additional input throughout the process. One week to prepare input on a 2,500 page document that included months of contribution and participation from hundreds of government officials is not sufficient for meaningful input, especially for small rural organizations with limited resources. In addition, the upcoming public hearings to respond to CPR are scheduled in areas that make it a greater hardship for rural communities to participate.

**Recommendations on Programs Administered by the Government**

- 1. Will the proposal improve access to services? Does it make it simpler for customers/clients?** No, eliminating the Rural Health Policy Council (RHPC) will not improve access and could make access to services worse than they are now. Taking away the only mechanism for direct input by customers, clients and providers makes it more difficult to raise problems which need to be resolved.
- 2. Will the proposal improve delivery of services?** No. The Rural Health Policy Council is the rural problem-solving body whose goal is to enhance the delivery of rural health services. Since the proposal simply eliminates the RHPC with no substitute or alternative, rural health problems related to the delivery of services will likely be ignored.

3. **Will the proposal improve delivery of services?** No. The Rural Health Policy Council is the rural problem-solving body whose goal is to enhance the delivery of rural health services. Since the proposal simply eliminates the RHPC with no substitute or alternative, rural health problems related to the delivery of services will likely be ignored.
4. **Will the proposal improve outcomes?** No. the Rural Health Policy Council in conjunction with the Office of Statewide Health Planning and Development monitor health outcomes and provide statistical tracking of rural areas and their needs. Without such tracking, rural outcomes will be ignored.
5. **What will be the impact on the service provider network?** The Rural Health Policy Council is the direct link for providers to make health program officials aware of problems and issues to be resolved. Many of the issues impact providers and their networks and they typically involve issues that are obstacles and impede access to health care.
6. **Will the proposal improve program efficiency?** No. The Rural Health Policy Council was the most efficient structure for receiving input and problem-solving. Eliminating it will leave rural communities without a voice and direct link to officials directly responsible for their health care programs.

In each of these areas – access to services, delivery of services, outcomes, provider networks and program efficiency – we invite your thoughts on how a given recommendation could be modified to better advance its intended objective.

#### **Recommendations on the Organization/Structure of Government**

1. **Will the reorganization proposal improve service delivery and outcomes for clients?** No. Improvement of service delivery must include direct access by constituents to the officials and decision-makers who are responsible for the programs that impact rural health.
2. **Will the proposal promote better coordination and integration of policy and programs for specific client groups?** No. The current structure of the Rural Health Policy Council that has each of the directors from departments that impact or provide access to rural health is the best structure for coordination and integration of policy making and programs. The RHPC was specifically designed with such a coordination and integration function in mind.
3. **Does the proposal provide better accountability for specific client groups?** No. It would eliminate accountability for all client groups. The RHPC was the entity accountable to client groups.
4. **What are the strongest reasons for implementing this recommendation? What are the greatest potential concerns?** There are no strong or good reasons to implement the recommendation to eliminate the Rural Health Policy Council. The RHPC currently functions in the way that achieves the goals behind the CPR and is non duplicative of any other organization in state government. It provides coordination and program integration, direct links to providers, consumers and other entities. It provides the administrative infrastructure needed to run the health care programs and preserve federal funding. Without this infrastructure, California would likely lose much of its current federal funding. Federal funding depends on approved methodologies for determining rural designations. The RHPC monitors and updates that methodology and assists providers in preserving their rural designations for federal programs.

As indicated in the general comments the RHPC needs to be enhanced not eliminated. There is concern that elimination of the RHPC will set in motion a domino effect that leads to chaos and a dramatic loss in rural funding. Even with the RHPC there is a concern that rural needs and interests remain largely ignored. Eliminating the RHPC would further exacerbate this concern.

